	è
=	1
Ţ	
÷	=
=	1
FI.	1
Ξ	
	1
Ī	-

ease type a plus sign (+) inside this box		+

PTO/SB/05 (03-01) Approved for use through 10/31/2002 OMB 0651-0032

Please type a plus sign (+) inside this box

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.	
First Inventor	JOHNSON, SAMUELA
	•

(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.		
APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Weshington, DC 20231		
See MPEP chapter 600 concerning utility patent application contents. 1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1 27. Specification [Total Pages 7] - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 5. Oath or Declaration [Total Pages 3] Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/Idivisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR	Washington, DC 20231 7.		
6. Application Data Sheet. See 37 CFR 1.76 17. Other:			
or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No/			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPOND	ENCE ADDRESS		
Customer Number or Bar Code Label (Insert Customer No. or Attach be	or Correspondence address below		
Name SAMUE JOHNSON			
2435 N. BLACK	CAT RD		
City MERIDIAN	State IDANA Zip Code 8364Z		
	ephone 208 863 5518 Fax 208 39 6650		
Name (Print/Type) SAMUEL A JOHNSON	Registration No. (Attorney/Agent)		
Signature C. Ol	Date 602/200		

Burden Hour Statement This form is estimated to take an hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Complete (if applicable)

SUBMITTED BY

PTO/SB/17 (11-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

FEE	TRANSMITTAL	
	for FY 2001	

TOTAL A	TANOUNT	OF	PAY	MENT
---------	---------	----	-----	------

(\$) 395	_
----------	---

Under the Paperwork Reduction Act of 1995, no persons are re-	equired to respond to a collection of information unless it displays a valid OMB control number
	Complete if Known
FEE TRANSMITTAL	Application Number
for EV 2004	Filing Date
for FY 2001	First Named Inventor
Patent fees are subject to annual revision	Examiner Name
, a.c., 1000 co. 1000	Group Art Unit
TOTAL AMOUNT OF PAYMENT (\$) 395	Attorney Docket No.

METHOD OF PAYMENT	METHOD OF PAYMENT FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES			
indicated fees and credit any overpayments to Deposit Deposit	Large Small			
Account	Entity Entity Fee Fee Fee Fee Fee Fee Description	Fee Paid		
Number Deposit	Code (\$) Code (\$)			
Account Name	105 130 205 65 Surcharge - late filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
Applicant claims small entity status	139 130 139 130 Non-English specification			
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination			
2. Payment Enclosed: Check Credit card Money Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
	115 110 215 55 Extension for reply within first month			
BASIC FILING FEE Large Entity Small Entity	116 390 216 195 Extension for reply within second month			
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month			
Code (\$) Code (\$)	118 1,390 218 695 Extension for reply within fourth month			
101 710 201 355 Utility filing fee 355	128 1,890 228 945 Extension for reply within fifth month			
106 320 206 160 Design filing fee	119 310 219 155 Notice of Appeal			
107 490 207 245 Plant filing fee 108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal			
108 710 208 355 Reissue liling lee	121 270 221 135 Request for oral hearing			
	138 1,510 138 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 355	140 110 240 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional			
Fee from Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)			
Total Claims 7 -20** = X =	143 440 243 220 Design issue fee			
Independent Claims X 40 = 40	144 600 244 300 Plant issue fee			
Multiple Dependent =	122 130 122 130 Petitions to the Commissioner			
	123 50 123 50 Processing fee under 37 CFR 1 17(q)			
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection			
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1 129(a))			
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1 129(b))			
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)			
and over original patent	169 900 169 900 Request for expedited examination of a design application			
subtotal (2) (\$) 40	Other fee (specify)			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)			

208 863 5518 Registration No Telephone Name (Print/Type) (Attorney/Agent) Date 6/02/01 Signature

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Please type a plus sign (+) inside this box $ ightarrow$ $oldsymbol{\downarrow}$

PTO/SB/21 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Under the Paperwork Reduction Act of 1999, no port		Application Number		
TRANSMITTAL FORM		Filing Date		
		First Named Inventor		
(to be used for all correspondence	after initial filing)	Group Art Unit		
		Examiner Name		
Total Number of Pages in This Sul	omission	Attorney Docket Number		
	ENCL	OSURES (check	all that apply)	
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing Licensin Petition Provisic Change Address Termina Reques	to Convert to a onal Application of Attorney, Revocation of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):	
SIGNA	TURE OF APPL	ICANT, ATTORNEY, OR A	AGENT	
Firm or Individual name Signature	a Albr	m>50N		
Date	J			
CERTIFICATE OF MAILING				
I hereby certify that this correspondence is be mail in an envelope addressed to: Commission	ing deposited with t ner for Patents, Wa	he United States Postal Servinshington, DC 20231 on this d	ice with sufficient postage as first class late:	
Typed or printed name	LA FO	OHMSON	e due 04.01	

Burden Hour Statement This form is estimated to take (2) hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231